

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7943</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>CANDICE</u> <u>STARK</u> P.O. Box, Bldg., Room No., if any Street <u>1 DUNCAN PLACE</u> City <u>OCEANSIDE</u> State <u>NY</u> ZIP Code + 4 <u>11572</u>	4. Name, file number, and address of labor organization. Name <u>NATIONAL ORGANIZATION OF INDUSTRIAL TRADE</u> Labor Organization File Number <u>000-165</u> P.O. Box, Building and Room Number, if any Street <u>148-06 HILLSIDE AVENUE</u> City <u>JAMAICA</u> State <u>NY</u> ZIP Code + 4 <u>11435</u>
5. Position in labor organization. <u>Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Candice Stark

On

7/26/05

Date

718-291-3434

Telephone Number

Name of Person Filing CANDICE STARK	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name CANDICE STARK</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 1 DUNCAN PLACE</p> <p>City OCEANSIDE</p> <p>State NY ZIP Code + 4 11572</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name NOITU INSURANCE TRUST FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 148-06 Hillside Ave</p> <p>City JAMAICA</p> <p>State NY ZIP Code + 4 11435</p>	<p>11.a. Nature of such dealing.</p> <p>Employed As Assistant Administrator</p> <p>11.b. Approximate dollar value of such dealing. 181,359</p> <p>12.a. Nature of interest held or income received.</p> <p>SALARY, BENEFITS, AND related expenses</p> <p>12.b. Amount. 181,359</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name NOITU INSURANCE TRUST FUND</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 148-06 Hillside Avenue</p> <p>City JAMAICA</p> <p>State NY ZIP Code + 4 11435</p>	<p>14.a. Nature of payment.</p> <p>Reimbursement of Expenses incurred As Assistant Administrator</p>
<p>13.b. Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. 709</p>

Name of Person Filing CANDICE STARK	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name Jeffrey STARK Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 1 DUNCAN PLACE City OCEANIDE State NY ZIP Code + 4 11572	9. Business deals with: <input type="checkbox"/> a. Labor Organization <input checked="" type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name NOITU INSURANCE TRUST FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street 148-06 Hillside Avenue City JAMAICA State NY ZIP Code + 4 11435	11.a. Nature of such dealing. Employed as a podiatrist of Plan and provider. Spouse of Union Officer 11.b. Approximate dollar value of such dealing. 102531 12.a. Nature of interest held or income received. Wages and Provider fees for podiatry services. 12.b. Amount. 102531

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any: Street City State ZIP Code + 4 13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.a. Nature of payment. 14.b. Amount of payment.